

FILED JUL 22 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield 23460	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp.		d. STREET ADDRESS (If outside, give location) 1726 W. Walnut	
Length of stay in lb 31 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle SHERMAN Last STEVENSON		4. DATE OF DEATH Month July Day 14 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 9 1888
9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pipefitter		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.	
11. BIRTHPLACE (City and state or country) Shannon County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Walter Stevenson		14. MOTHER'S MAIDEN NAME Sarah Teague	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Mrs. Lela Stevenson		Address Springfield, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. 4201			INTERVAL BETWEEN ONSET AND DEATH 36 hours
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 5:25 p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Springfield, Mo.		COUNTY STATE	
21. I attended the deceased from 1956 to July 14 1957 and last saw him alive on July 13, 1957 Death occurred at 5:25 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. H. Lohmeyer (Degree or title)		22b. ADDRESS Springfield, Mo.	
22c. DATE SIGNED 7-15-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/16/57	
23c. NAME OF CEMETERY OR CREMATORY White Chapel		23d. LOCATION (City, town, or county) (State) Springfield, Mo.	
24. FUNERAL DIRECTOR H.H. Lohmeyer		25. DATE RECD. BY LOCAL REG. 7-15-57	
ADDRESS Springfield, Mo.		26. REGISTRAR'S SIGNATURE Edith Williamson	

(Licensed Embalmer's Statement on Reverse Side)

00
56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

diseases in Part I must be causally related.

1981 2 2 711

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Gene L. Long
4734
Licensed Embalmer No.....

P. O. Address.....
Gene L. Long

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.